



REPLY TO  
ATTENTION OF:

**DEPARTMENT OF DEFENSE**  
HEADQUARTERS  
COMBINED/JOINT TASK FORCE (CJTF)-76  
BAGRAM AIRFIELD, AFGHANISTAN  
APO AE 09354

**18 APR 2005**

CJTF-76-SURG

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Malaria Chemoprophylaxis Program for U.S. Forces, CJTF-76

1. References:

- a. MOD 7 to USCENTCOM Individual Protection and Individual/Unit Deployment Policy, 6 January 2005. [http://recluse.centcom.smil.mil/cgi-bin/fsoFiles/list\\_documents.asp?Area=ccsg&PathInfo=/fhp/Deployment%20Policy/MOD%207%20to%20USCENTCOM%20Personnel%20Policy%20Guidance](http://recluse.centcom.smil.mil/cgi-bin/fsoFiles/list_documents.asp?Area=ccsg&PathInfo=/fhp/Deployment%20Policy/MOD%207%20to%20USCENTCOM%20Personnel%20Policy%20Guidance)
- b. CENTCOM AOR - Malaria Information 2005, version 2, 8 March 2005. <http://recluse.centcom.smil.mil/ccsg/files/fhp/Malaria%20Policies/CENTCOM%20AOR%20-%20Malaria%20Information%202005%20ver%202.0.htm>
- c. Appendix C, Field Sanitation Team Materials, FM 4-25.12, Unit Field Sanitation Team. [http://usachppm1.army.smil.mil/Documents2/FMs/FM%204-25.12%20\(Unit%20Field%20Sanitation%20Team\).pdf](http://usachppm1.army.smil.mil/Documents2/FMs/FM%204-25.12%20(Unit%20Field%20Sanitation%20Team).pdf)
- d. U.S. Army Medical Command Memorandum: Army Glucose 6-Phosphate Dehydrogenase (G6-PD) Deficiency Screening, 18 February 2004. [http://recluse.centcom.smil.mil/ccsg/files/fhp/Malaria%20Policies/ARMY%20G6-PD%20Policy\\_18feb04.pdf](http://recluse.centcom.smil.mil/ccsg/files/fhp/Malaria%20Policies/ARMY%20G6-PD%20Policy_18feb04.pdf)

2. PURPOSE. Establish the malaria chemoprophylaxis guidance for CJTF-76.
3. APPLICABILITY. This policy is directed to all U.S. service members and Department of Defense civilians that are assigned or attached to CJTF-76 and operating in the CJTF-76 CJOA.
4. RESPONSIBILITIES.
  - a. The CJTF-76 malaria chemoprophylaxis program is the responsibility of the CJTF-76 Surgeon.
  - b. The CJTF-76 Force Health Protection Officer will monitor vector data and advise the Surgeon on changes and trends in malaria vector distribution that may affect the program.

CJTF-76-SURG

SUBJECT: Malaria Chemoprophylaxis Program for U.S. Forces, CJTF-76

c. TF Strength will develop, implement and oversee a vector surveillance program throughout the CJOA, and report to the CJTF-76 Force Health Protection Officer.

5. FACTS.

a. Malaria occurs in Afghanistan, Krygzystan, Pakistan, and Uzbekistan. There are at least two species of malaria parasites in the CJOA.

(1) *Plasmodium vivax* is the predominant malaria species. Exposure to this species requires a terminal prophylaxis program that includes Primaquine because the parasite can lie dormant in the liver.

(2) Approximately 10-20% of malaria is *Plasmodium falciparim*. Malaria caused by *P. falciparim* is a medical emergency; if not treated immediately and properly, it can lead to death.

b. Malaria transmission seasons vary by location within the CJTF-76 CJOA. In some regions of Afghanistan, the transmission season begins as early as March and continues through November.

c. Missing one dose of doxycycline or mefloquine puts individuals at risk for malaria infection. Malaria symptoms can develop within days of being exposed can present as long as months or even years after leaving a malarious area, when use of preventive drugs has been stopped.

6. POLICY AND PROCEDURE.

a. Current anti-malarial guidelines for OEF-A 04-06 specify doxycycline (100 milligrams per day) starting two days prior to departure and continuing for four weeks after return. Doxycycline is not appropriate for all personnel. The alternative to doxycycline is mefloquine (250 milligrams per week) beginning two weeks prior to departure and continuing for four weeks after returning to home station. Therefore, for both medications, there is a pre-exposure treatment period (two days for doxycycline or two weeks for mefloquine prophylaxis) and a post-exposure treatment of four weeks.

b. CJTF-76 personnel operating in the CJOA will continue anti-malaria medication of doxycycline or mefloquine throughout the year. The predominance of *P. vivax* and its potential to lie dormant in the liver combined with variations in the lengths of transmission seasons and the highly mobile nature of operations and personnel within the CJOA prevent the development of a blanket statement covering timelines for seasonally terminating and re-starting malaria chemoprophylaxis within the CJOA.

c. Terminal prophylaxis with primaquine, 15 milligrams base (26.3 milligrams salt) per day, begins upon return and continues for 14 days concurrent with the beginning of the

CJTF-76-SURG

SUBJECT: Malaria Chemoprophylaxis Program for U.S. Forces, CJTF-76

four week post-exposure treatment of doxycycline or mefloquine. Personnel with glucose-6-phosphate dehydrogenase (G6PD) deficiency should not take primaquine because primaquine may cause severe anemia or other medical complications in those individuals. G6PD deficiency is not common; however, when G6PD status is unknown, terminal prophylaxis with primaquine should start only when personnel have redeployed and have access to medical care in the event they notice illness while taking the medication. Individuals operating within the OEF-A 04-06 CJOA will not initiate terminal prophylaxis with primaquine while in theater.

d. Commanders will ensure their troops implement personal protective measures against malaria and other insect-borne diseases per Reference A (e.g., permethrin treated uniforms worn properly, permethrin treated bed nets, and the use of DEET repellent on the skin). Enclosure 1 summarizes and lists the personal protective items individuals required by Reference A.

e. Commanders will ensure their unit's field sanitation teams (FSTs) are properly trained and equipped IAW Reference C. FSTs will assist the unit command in ensuring that soldiers have access to the equipment and training necessary to effectively implement personal protective measures.

f. Health care facilities will collect blood samples from any U.S. patient confirmed as positive for malaria and submit the sample to WRAIR for phenotyping of the parasite. Positive diagnoses will be submitted as Reportable Medical Events within 24 hours to the CJTF-76 Surgeon and Force Health Protection Officer.

g. Females confirmed as pregnant by a positive laboratory blood test from the supporting medical treatment facility (MTF) will immediately cease taking malaria chemoprophylaxis. Doxycycline and Primaquine are contraindicated during pregnancy. Upon arrival at home station, the pregnant female will notify the gaining MTF of the date malaria chemoprophylaxis was discontinued.

7. Point of contact for this memorandum is the CJTF-76 Surgeon, DSN 318-231-3015 or SIPR: [cjtf76.surg@cjtf76.centcom.army.smil.mil](mailto:cjtf76.surg@cjtf76.centcom.army.smil.mil).

1 Encl

  
JASON K. KAMIYA  
Major General, USA  
Commanding

### Enclosure 1 – Individual FHP Items

1. References.

- a. USCENTCOM PERSONNEL POLICY GUIDANCE FOR US INDIVIDUAL, DTG 032024Z OCT 01.  
<http://recluse.centcom.smil.mil/ccsg/files/fhp/Deployment%20Policy/USCENTCOM%20PERSONNEL%20POLICY%20GUIDANC%20FOR%20US%20INDIVIDUALS%20dtg%20032024Z%20OCT%202001.doc>
- b. MOD 7 to USCENTCOM Individual Protection and Individual-Unit Deployment Policy, 061712Z JAN 05. [http://recluse.centcom.smil.mil/cgi-bin/fsoFiles/list\\_documents.asp?Area=ccsg&PathInfo=/fhp/Deploymnt%20Policy/MOD%207%20to%20USCENTCOM%20Personnel%20Policy%20Guidance](http://recluse.centcom.smil.mil/cgi-bin/fsoFiles/list_documents.asp?Area=ccsg&PathInfo=/fhp/Deploymnt%20Policy/MOD%207%20to%20USCENTCOM%20Personnel%20Policy%20Guidance)
- c. FORSCOM OCONUS Med Guidance, 1 Jun 04.  
<http://recluse.centcom.smil.mil/ccsg/files/fhp/Deploymnt%20Policy/1%20Jun%20FORSCOM%20OCONUS%20Med%20Guidance.mht>
- d. AR 40-5, Preventive Medicine
- e. FM 4-25.12, Unit Field Sanitation Team
- f. FORSCOM Reg 700-2, Standing Logistics Instructions

Item	Qty/Individ	NSN
Tourniquet – CATS	1	6515-01-521-7976
Emergency Bandage	1	6510-01-492-2275
Dressing, First Aid	2	6510-00-083-5573
Insect Repellent, Clothing (IDA) Kit	4	6840-01-345-0237
Insect/Arthropod Repellent Lotion	4	6840-01-284-3982
Bed net, pop-up, self-supporting low profile bed net (SSLPB) (pre-treated with permethrin)	1	3740-01-518-7310
<b>OR</b>		
Mosquito Bed Netting and	1	7210-00-266-9736
Bed Netting Poles and	1	7210-00-267-5641
Insect Repellent, Clothing Treatment (Permethrin)	2	6840-01-278-1336
Minimum of 90 days of Current Medications		
Waterless Hand Sanitizing Gel	2	8520-01-490-7358
Sunscreen (SPF 15 or greater)	2	
Lip Balm	2	6508-01-265-0079
Ear Plugs, single or triple flange or combat arms	2	
Water Purification Tablets, Iodine	2	6850-00-985-7166
or	or	or
Water Purification Tablets, Chlorine	10	6850-01-352-6129
Camouflage Stick, light green/sand	2	6850-00-161-6262
Camouflage Stick, white/loam	2	6850-00-161-6203